

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-MAY-2011		2. TIME 22:29:00		3. ADDRESS OF OCCURRENCE 10 N KILBOURN AVE CHICAGO, IL 60624		4. LOCATION CODE 304		5. BEAT/OCCUR 1113	
6. POSITION 9181		7. LAST NAME ORTIZ		8. FIRST NAME WILFREDO		9. STAR NO. 9748		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
11. RACE CODE S		12. AGE 506		13. HT. 185		14. WT. 185		15. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
16. DATE OF APPT. 19-MAY-2008		17. EMPLOYEE NO. 106274		18. UNIT & BEAT OF ASSIGNMENT 153 4430A		19. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		20. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
21. LAST NAME JACOBS		22. FIRST NAME TIFFANI		23. M.I. 		24. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		25. RACE BLK	
26. D.O.B. 28-MAY-1981		27. HT. 508		28. WT. 200		29. ADDRESS 305 S CENTRAL PARK BLVD CHICAGO, IL 60624		30. TELEPHONE NO. 	
31. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		34. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		35. BY WHOM? E.R.	
36. CHARGES PLACED 		37. CONDITION <input checked="" type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Apparently Normal <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Refused Medical Aid		38. DNA <input type="checkbox"/> DNA		39. CB NO. 18149679		40. IR NO. 	
41. SUBJECT'S ACTIONS		42. MEMBER'S RESPONSE		43. ASSAULT/ASSAULT		44. ASSAULT/BATTERY		45. ASSAULT/DEADLY FORCE	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
MEMBER PRESENCE <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>	
ESCORT HOLDS <input checked="" type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
WRISTLOCK <input checked="" type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <input type="checkbox"/>					
ARMBAR <input type="checkbox"/>		OTHER <input type="checkbox"/>							
PRESSURE SENSITIVE AREAS <input type="checkbox"/>									
CONTROL INSTRUMENT <input type="checkbox"/>									
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>									
OTHER <input type="checkbox"/>									
46. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) 				47. ADDITIONAL INFORMATION 					
48. POSITION 		49. STAR NO. 		50. UNIT 					
51. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		52. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		53. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		54. WEATHER CONDITIONS RAIN			
55. MAKE/MANUFACTURER 		56. MODEL 		57. BARREL LENGTH 		58. CALIBER/GAUGE 			
59. TASER DART ID NO. 		60. WEAPON SERIAL NO. (Include Letters) 		61. CHICAGO GUN REG. NO. 		62. IL FIREARM OWNER ID. NO. 		63. HANDGUN CERTIFICATE NO. 	
64. SPECIAL WEAPON CERTIFICATE NO. 		65. PROPERTY INVENTORY NO. 		66. TYPE OF AMMUNITION USED 		67. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 		68. TOTAL NO. OF SHOTS MEMBER FIRED 	
69. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) 		70. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		71. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 		72. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) 		73. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
74. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) 		75. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 		76. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) 		77. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input type="checkbox"/> 02 25 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		78. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
79. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) 		80. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		81. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		82. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		83. REPORTING MEMBER (Print Name) ORTIZ, WILFREDO	
84. STAR NO. 1719		85. SIGNATURE 		86. DATE REVIEWED 26-MAY-2011 05:48:52		87. TIME 		88. REVIEWING SUPERVISOR (Print Name) HUGHES, FRED L	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender undergoing emergency medical treatment.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Cl. # 1045673 Based upon all information known to me at this time, I have concluded that the officer's action were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO. JORN. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED

TIME

26-MAY-2011 06:15:54

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ OR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

5